

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Attorney Docket No.:

**62922.000002**

In re Application Of **Anthony C. FASCENDA**  
 Application Number **10/679,472**  
 Filed **October 7, 2003**  
 For **Self-Managed Network Access Using Localized Access Management**  
 Group Art Unit **2153**  
 Examiner **Unknown**  
 Confirmation Number **6665**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

- |                                      | Large Entity | Small Entity | Amount          |
|--------------------------------------|--------------|--------------|-----------------|
| <input type="checkbox"/> One Month   | \$ 120.00    | \$ 60.00     | \$              |
| <input type="checkbox"/> Two Month   | \$ 450.00    | \$ 225.00    | <b>\$225.00</b> |
| <input type="checkbox"/> Three Month | \$1020.00    | \$ 510.00    | \$              |
| <input type="checkbox"/> Four Month  | \$1590.00    | \$ 795.00    | \$              |
| <input type="checkbox"/> Five Month  | \$2160.00    | \$1080.00    | \$              |
- ☐ Applicant claims small entity status. See 37 CFR 1.27.  
☒ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **50-0206**. A duplicate of this sheet is attached.
- I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).;  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**December 19, 2006**

Date


 Signature
**Jeffrey Scott Leaning**

Typed or Printed Name

**51,184**

Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of **1** form(s) is/are submitted.